

DISTRICT 2 TREATMENT COURT REFERRAL FORM

Please **circle the court program** below and complete the following form and email to:

Jbrumbaugh@latah.id.us NPC DC; NPC DUIC; Latah DC; Latah MHC

lisam@co.nezperce.id.us NPC MHC; D2 VTC

dpollman@clearwatercounty.org CWC DC; CWC MHC

*with the subject line: **REFERRAL**. You may save this document as a PDF to fill in.*

JUDGE: _____

DEFENDANT: _____ DATE OF BIRTH _____

ATTORNEY: _____

PROSECUTOR: _____

PROBATION OFFICER: _____

COUNTY: _____

CASE NUMBER(S)-New Case Number _____ OFFENSE(S) _____

CASE NUMBER(S) – Probation Violation: _____ OFFENSE(S) _____

OUTSTANDING WARRANT(S): _____

DEFENDANT IS: IN CUSTODY AT _____ ON O.R. RELEASE OR BOND

DEFENDANT CONTACT INFORMATION IF OUT OF CUSTODY:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

NEXT HEARING DATE & TIME: _____ TYPE OF HEARING _____

☐ The defendant and the ☐ prosecutor, ☐ defendant's counsel want to have the defendant evaluated by the Nez Perce County Treatment Court team as to whether the defendant would be appropriate for Treatment Court as an alternative to incarceration. The recommendation of the treatment court team will be considered by the court and counsel at the time of the defendant's sentencing/disposition. The defendant does not have any prior disqualifying offenses as defined in I.C. Section 19-5604(1) or (2).

☐ Yes ☐ No The person is currently charged with, has pled, or has been adjudicated or found guilty of a felony crime of violence or a felony crime in which the person used either a firearm or a deadly weapon or instrument.

☐ Yes ☐ No The person is currently charged with, has pled, or been found guilty of a felony in which the person committed, attempted to commit, conspired to commit, or intended to commit a sex offense.

☐ Yes ☐ No ☐ Unsure Screened for warrants.

Attorney Signature

Date